

## Medi-Cal Specialty Mental Health Services

### NOTICE OF ACTION ASSESSMENT LOG (NOA-A)

**Program Name:** \_\_\_\_\_

**Month:** \_\_\_\_\_  
☐ **None (No NOA-A was issued this month)**

Instructions: An NOA-A shall be issued to all Medi-Cal clients who are assessed to not meet medical necessity following a face to face assessment. Log shall be faxed to the Program Monitor on a monthly basis (do not fax on months when no NOA-A are issued). Program Monitor shall forward a copy to the Quality Improvement Department of Children's Mental Health Services.

<b>Date of NOA-A</b>	<b>Client's InSyst Number</b>	<b>Response (including requests and provisions for second opinions, initiation of complaint and grievance procedure, request for State Fair Hearing).</b>